## PART B - FEE(S) TRANSMITTAL Mail Stop ISSUE FEE Complete and send this form, together with applicable fee(s), to: Mail Commissioner for Patents JUN 2 7 2005 P.O. Box 1450 Alexandria, Virginia 22313-1450 (703) 746-4000 or Fax INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated utiless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 46718 7590 05/12/2005 Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below. TOWNSEND AND TOWNSEND AND CREW, LLP (018563) TWO EMBARCADERO CENTER, EIGHTH FLOOR SAN FRANCISCO, CA 94111-3834 06/28/2005 FFANAIA3 00000101 201430 10691942 <u>JoAnn Evangelista</u> (Signature) 01 FC:1501 1400.00 DA 300.00 DA 02 FC:1504 2 2005 Jume 03 FC:8001 30.00 DA FIRST NAMED INVENTOR CONFIRMATION NO. APPLICATION NO. FILING DATE ATTORNEY DOCKET NO. 10/691,942 10/22/2003 Muhammad Chishti 018563-005820US TITLE OF INVENTION: DIGITALLY MODELING THE DEFORMATION OF GINGIVAL TISSUE DURING ORTHODONTIC TREATMENT **PUBLICATION FEE** TOTAL FEE(S) DUE DATE DUE APPLN, TYPE SMALL ENTITY ISSUE FEE 08/12/2005 NO \$1400 \$300 \$1700 nonprovisional **EXAMINER** ART UNIT **CLASS-SUBCLASS** 3732 433-024000 WILSON, JOHN J Townsend and Townsend 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list and Crew LLP (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. "Fee Address" indication (or "Fee Address" Indication form

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